<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-19-2010</u>	Address:	SR 3 & OIIIO ST.
Case #:	22-46481		KENDALLVILLE, IN.
County:	NOBLE		<u>46755</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other;
Lithium/Ammonia Reaction(s): OPEN Check all that apply			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agen		Investigative Information Dephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: N/A Sies that serve the location:	
Health Dep	ment: KENDALLVILLE, IN artment: NOBLE CO ction Service:	t: NOBLE CO Fax: E-MAILED Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITII</u> Phone <u>260-432-8661</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.